

APPLICATION FOR CAREER AND TECHNICAL EDUCATION LICENSE

Business Education

Last Name	First Name	Middle Name	Date	SS # or CACTUS ID #
Home Address		City	State	Zip
E-mail Address		Work Phone ()		Home Phone ()
I am teaching at _____ (School) _____ (District)				<input type="checkbox"/> Not Teaching
I have a current Secondary Education License: <input type="checkbox"/> Yes <input type="checkbox"/> No				

Business Endorsement(s) For Which You Are Applying:

- ☐ Business Core
☐ Banking/Finance

☐ Economics
☐ Other _____

Employment Record (Related to the endorsement area(s) for which you are applying – *(Exclude teaching experience)*)

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

From		To		Total Months	Company Name & Address	Position & Title	Immediate Supervisor (Name & Title)	Reason for Leaving	Verification Attached
Mo	Yr	Mo	Yr						
									<input type="checkbox"/> Yes <input type="checkbox"/> No

Explain Duties & Responsibilities:

How many years of experience do you have in business?

Employer evidence letters verifying your work expertise and experience must be submitted with this application.

Education	If additional space is needed, please attach a separate sheet of paper. Transcripts must be attached to verify degree and/or applicable endorsement coursework.
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Name of School	From		To		Graduation Year	Degree	Major/Minor/Composite
	M	Yr	M	Yr			

Industry Certifications (Attach Documentation) If additional space is required, please attach a separate sheet of paper.

Name of Certification	Date Obtained	Expiration Date

References (Teaching and/or Employment)
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Name	Address	Position	Phone

Applicant Signature	X	Date	
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----- **Information below to be completed by USOE personnel** -----

License Recommended:	<input type="checkbox"/> Level 1 CTE/APP <input type="checkbox"/> Level 1 CTE <input type="checkbox"/> Level 2 CTE		
Approved Endorsement:			
Approved Endorsement:			
Signature of State Business Education Specialist(s)			
Signature _____		Date _____	
Submit completed application, official transcripts, and/or other documentation to: Stephanie Ferris , USOE Educator Quality and Licensing, 250 East 500 South, PO Box 144200, Salt Lake City, UT 84114-4200, Phone: (801) 538-7752			Licensure Clearance